FORM 4

Check this box if no

Section 16. Form 4 or

longer subject to

Form 5 obligations

may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB 3235-0287 Number:

Estimated average burden

hours per 0.5 response:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person* Reddy Vijayapal							Symbol to								Relationship of Reporting Person(s) Issuer neck all applicable)				
														Direct	ector 10% Ow			Owner	
(Last) (First) (Middle) C/O SYRA HEALTH CORP. 1119 KEYSTONE WAY N., #201							3. Date of Earliest Transaction (Month/Day/Year) 11/21/2025								Officer (give title below)			Other (specify below)	
															ndividual or Joint/Group Filing eck Applicable Line)				
(Street) CARMEL IN 46032					(1-101	(Mondin Day) Teal)							Form filed by One Reporting Person			ting			
(City) (State) (Zip)					Form filed by More than One Reporting Person										One				
	•				Doriv	ativo S	ocuri	tios A		od D	icnocod	of or I	Ponoficial	Owner					
1. Title of Security (Instr. 3) 2. Transact on Date (Month/Day/Year)					2A. ti Dee Exe D n Da	med cutio ate, if	3. Transa	3. 4 Transaction C		d, Disposed of, or Beneficiall 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr.		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					ay/Year)		Code	v	A	mount	(A) or (D)	Price	Transaction(s)		4)				
				Tabl							osed of, or onvertible		ially Owned es)						
1. Title of Derivative Security (Instr. 3)	2. Conversi on or Exercise Price of Derivativ e Security	3. Transact ion Date (Month/ Day/Year)	3A. Deemed Executio n Date, if any (Month/ Day/Year	Code (I	saction Instr. 8)	Derivativ Securities (A) or Dis	ecurities Acquire A) or Disposed of D) (Instr. 3, 4 and		(Month/Day/		te (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numb of derivative Securitie Benefici Owned Followin Reporte	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			 '	Code	_v	(A)	(D)	Exe	rcisa le	ion Date	Title		Number of Shares		Transac (s) (Inst	tion			

\$0.07 **Explanation of Responses:**

11/21/20

Stock Options

1. The options were issued pursuant to the Issuer's 2022 Omnibus Equity Incentive Plan. 1/3 of the options vest on December 31, 2025 and the remainder vest in equal amounts on each of December 31, 2026 and 2027.

2035

Title Class A Comp Stock

/s/ Vijayapal R. Reddy 11/25/2025

** Signature of Reporting Date

43,348

70,926

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

43,348

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless form displays a currently valid OMB Number.	the